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9 Attorneys for Creditor,
10 Onnyx Walker

11 **UNITED STATES BANKRUPTCY COURT**
12 **NORTHERN DISTRICT OF CALIFORNIA**
13 **SAN FRANCISCO DIVISION**

14 In re:

15 PG&E CORPORATION

16 -and-

17 PACIFIC GAS & ELECTRIC
18 COMPANY,

19 Debtors.

20 Affects Both Debtors

Case No. 19-30088

[Lead Case - Jointly Administered]

Chapter 11

**DECLARATION OF ONNYX
WALKER IN OPPOSITION TO
DEBTORS' FORTY-FIFTH
OMNIBUS OBJECTION TO
CLAIMS (REDUCED AND
ALLOWED CLAIMS)**

O. Walker Claim No: 30795

DATE: December 15, 2020

TIME: 10:00 a.m.

**PLACE: U.S. Bankruptcy Court,
Courtroom 17, 16th Floor
San Francisco, CA 94102**

JUDGE: Hon. Dennis Montali

21 I, ONNYX WALKER, hereby declare as follows:

22
23
24 1. I am Creditor in the above entitled Chapter 11 Case of Pacific Gas &
25 Electric ("Debtor"). I have personal knowledge of the information contained herein
26 and if called as a witness I can competently testify thereto.
27
28

2. On October 10, 2018, I suffered a serious fall resulting in substantial personal injuries as the result of negligence committed by the Debtor and its agents.

The Accident:

3. I am a 62-year old male and reside in San Francisco, California. I have a prosthetic hip, but reasonably active for my age and enjoy the outdoors and frequently walk around my neighborhood for exercise. On the evening of October 10, 2018, at approximately 11:00 p.m., I was out in my neighborhood walking my dog on San Bruno Avenue toward the intersection with Dwight Street in San Francisco.

4. As I was walking down the street, I unsuspectingly encountered a 4 x 8-foot piece of plywood that had been placed on the sidewalk by the Debtor or its agents. The piece of plywood was unmarked and there were no signs or barriers to place pedestrians on notice it was present. The construction crew utilized by the Debtor, had placed a piece of plywood on the street, but failed to make sure its edges were flush with the surface of the sidewalk or mark it anyway so that it stood out to a pedestrian. The exposed edges of the piece of plywood were raised up several inches from the surface of the sidewalk creating a tripping hazard to pedestrians. As I was proceeding down the street my toes went under the edge of the plywood and I flew awkwardly forward onto the ground. It happened so quickly, I was unable to position my hands to break my fall and landed with great force onto the cement sidewalk. As I fell, I also twisted my back around and landed full force onto my shoulder. True and correct copies of the accident scene are attached hereto as **Exhibit "A"** and incorporated herein by reference.

5. I was stunned by the force of the fall and laid on the street for several minutes experiencing significant pain. Due to the time of night, there were no other pedestrians to render aid. Eventually, I was able to crawl over to the electric box nearby where I fell and make it back onto my feet. After several minutes, I was able to hail a bus driver across the street that dropped me off near my home.

1 **CPMC Mission Bernal Hospital:**

2 6. On the evening of the accident, I made it home and began to
3 immediately “ice” the affected parts of my body and took pain medication to reduce
4 inflammation. My injuries and pain continued to worsen over the next day
5 requiring that I seek medical attention.

6 7. On October 13, 2018, I went to the emergency room at CPMC Mission
7 Bernal Hospital located in San Francisco. I was examined by the attending
8 emergency room physician. After my examination, the attending physician stated
9 that I had suffered injuries to my large great toe and lower back. I never had any
10 prior history of back pain. After various body imaging (including my great toe and
11 lumbar spine area), the attending physician was fortunately able to rule out any
12 fractures resulting from my fall. The attending physician determined my
13 presentation at the emergency room was consistent with persistent lower back pain
14 and left great toe contusion. I was subsequently discharged and instructed to follow
15 up with my primary care doctor if my signs or symptoms worsened over the next
16 week. True and correct copies of my medical records related to my fall are attached
17 hereto as **Exhibit “B”** and incorporated herein by reference.

18 **Recuperation At Home:**

19 8. Upon my return home from the emergency room, there was significant
20 increased swelling and tenderness in my lower back, big left toe and front shoulder.
21 I could not get around the house because of my left big toe injury. I could not
22 apply full pressure on my left foot. Any pressure on my left foot in turn would
23 cause me to contort my back thereby aggravating my lower back injury. These
24 injuries persisted for 4 weeks before abating.

25 9. During this time, I felt constant pain and stiffness when I would lift my
26 arm or turn my neck. There would also be pain when I lowered my arm from an
27 elevated position. The pain level was sharp and throbbing the majority of the time
28 and was constantly present and rarely subsiding.

1 10. Sleeping was nearly impossible. My bed is a low Japanese style and I
2 was not able to initially use it because sleeping in it aggravated my injuries.
3 Instead, I had to lay on the floor resting my head and chest for the first week.
4 Trying to lay down was quite difficult, but trying to get up from a resting position
5 nearly impossible. It would take several maneuvers in order for me to accomplish
6 this task. Even small daily tasks that we all take for granted were extremely
7 difficult due to my injuries including the inability to put on socks, slippers, or shoes
8 for close to a month.

9 11. It took at least 2.5 weeks before I was able to sit in a chair or stay in
10 one position for longer than 5 minutes. This made it impossible for me to work at
11 the computer or attend my college classes or work at Randstad USA. I also
12 suffered from a lack of sleep which exacerbated my injuries from the accident. It
13 also caused other problems including a loss of strength in my muscles. Not being
14 able to properly rest rendering me unproductive for over a month.

15 **Itemization of Damages:**

16 12. I am legally entitled to all economic damages related to the accident
17 which was caused by the Debtor. My economic damages include both out-of-
18 pocket medical expenses and lost wages. I did not have medical insurance at the
19 time of the accident. I had to pay the out-of-pocket the medical expenses listed
20 below:

21 13. Medical Expenses – (\$3,130.00 Total)

22 A. Sutter Health: \$2,532.80

23 B. Palomar CA Advance Imaging Med Associates: \$101.00

24 C. San Francisco Emergency Medical Associates: \$436.00

25 D. Other Out of Pocket Expenses: \$40 back brace / \$20 Motrin

26 True and correct copies of my medical invoices related to my fall are attached
27 hereto as **Exhibit “C”** and incorporated herein by reference.

28 ///

1 14. At the time of the accident, I was attending San Francisco Community
2 College while working 30-40 hours per week through an outsourcing, staffing, and
3 consulting entity known as Randstad USA. Randstad USA paid me between
4 \$17.00 to \$25.00 per hour for these employment positions. I was physically unable
5 to work for 4 weeks due to the injuries associated with my fall. In computing my
6 lost wages for the four-week period, I have taken the midpoint in hours worked (35)
7 and hourly rate (\$21). Four weeks times 35 hours per week equals 140 hours times
8 \$21 per hour equals \$2,940.00 in lost wages.

9 15. I am also legally entitled to recover my non-economic damages for my
10 pain and suffering, emotional distress and loss of enjoyment of the normal activities
11 of life. In paragraphs 4-11 above, I have described in detail my pain and suffering,
12 emotional distress and loss of enjoyment of the normal activities of life I endured
13 over a 4 week period which was the direct result of the negligence of the Debtor
14 and its agents. The construction crew utilized by the Debtor had placed a piece of
15 plywood on the street which had exposed edges and failed to make sure its edges
16 were flush with the surface of the sidewalk or mark it anyway so that it stood out to
17 me as a pedestrian. The exposed edges of the piece of plywood were raised up
18 several inches from the surface of the sidewalk and created a tripping hazard and I
19 tripped and fell over it forcefully onto the sidewalk injuring myself. My testimony
20 above and attached medical records establish injuries to my lower back, big left toe
21 and front shoulder. For nearly a month, I suffered sharp and throbbing pain to these
22 body parts on a constant basis. I was unable to do many of the normal daily
23 activities we all take for granted including being unable to attend my college classes
24 or work.

25 16. Typically, non-economic damages for pain and suffering, emotional
26 distress and loss of enjoyment of the normal activities of life are normally
27 calculated as a multiple (3 to 5 times) of the medical expenses incurred by an
28 injured person. My unreimbursed medical expenses total \$3,130.00. I request that

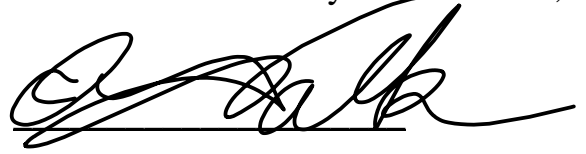
1 the court award me 3 times my unreimbursed medical damages for my non-
2 economic damages for pain and suffering, emotional distress and loss of enjoyment
3 of the normal activities of life in the amount of \$9,300.00.

4 17. The total of above itemized damages are as follows: 1) Unreimbursed
5 medical expenses \$3,130.00, 2) Lost wages \$2,940.00 and 3) Pain & Suffering
6 \$9,300.00 equals \$15,370.00. I timely filed my original proof of claim for
7 \$15,000.00 and would request that the court allow my claim in the amount of
8 \$15,000.00.

9 18. I have repeatedly requested that the Debtor reimburse me for the above
10 out-of-pocket medical expenses and other damages since they were incurred in
11 2018. On May 1, 2020, my counsel previously provided all the above information
12 to the Debtor by demand letter to its representative Mr. Anthony Keir, Sr. Law-
13 Claims Investigator at Pacific Gas & Electric Company. Rather than genuinely
14 evaluate and settle my claim, at every turn I have been "horsed around" by the
15 Debtor and its employees. Mr. Anthony Keir refused to evaluate my claim, engage
16 in good-faith negotiations to resolve the claim and without explanation or analysis,
17 stubbornly sought to reduce my claim to \$3,500.00 knowing full well there was
18 absolutely no basis for the reduction.

19 19. I'm a senior citizen that should have never been put at risk for the fall
20 that occurred in this matter. What I find even more distressing is the lack of proper
21 attention shown to my injuries by the Debtor and stubborn attitude by the Debtor
22 and its employees to reduce my claim to \$3,500.00 without any proof or sincere
23 attempt to evaluate my claim by the Debtor. I request that the court send a clear
24 message to the Debtor such failures and inaction do not justify any reduction of my
25 claim as filed and it be allowed in the amount of \$15,000.00 and ordered paid
26 immediately by the Debtor.

1 I declare under penalty of perjury under the laws of the United States of
2 America that the forgoing is true and correct. Executed this 22 day of November,
3 2020 at San Francisco, California.

A handwritten signature in black ink, appearing to read 'Onnyx Walker', written over a horizontal line.

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5 Onnyx Walker, Creditor
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EXHIBIT “A”

Onnyx Walker Accident Pictures

















EXHIBIT “B”



CPMC MISSION BERNAL
HOSPITAL
3555 Cesar Chavez St
San Francisco CA 94110
IP/OBS/SDS Legal Rec

Walker, Onnyx
MRN: 52114473, DOB: 11/22/1958, Sex: M
Adm: 10/13/2018, D/C: 10/13/2018

Medication List (continued)

ASK your doctor about these medications (continued)

	Medication Instructions	Morning	Afternoon	Evening	As Needed	Other
* zolpidem 10mg Tab	Quantity: 30 Tab	[]	[]	[]	[]	[]
Dose: 10 mg	Refills: 6					
Commonly known as: AMBIEN	Take 1 Tab by mouth at bedtime as needed for Sleep.					

⚠ * This list has 8 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.

ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type
10/13/2018 10:22 AM	10/13/2018 10:22 AM	4	Walked	Alone	Emergency	Emergency

Arrival Complaint

tripped on street obstacle SAN BRUNO AVE 1100pm 10/10/18

Chief Complaint

Chief Complaint

Complaint	Comment
Fall	
Back pain	

ED Diagnoses

ED Diagnosis

Diagnosis	Comment	Added By	Time Added
Low back pain [M54.5]		Skaggs, Cody Sandgren, PA	10/13/2018 12:17 PM
Toe contusion [S90.129A]		Skaggs, Cody Sandgren, PA	10/13/2018 12:17 PM

ED Provider Notes

ED Provider Notes by Skaggs, Cody Sandgren, PA at 10/13/18 1128

Author: Skaggs, Cody Sandgren, PA	Service: Emergency	Author Type: Physician Assistant
Filed: 10/13/18 1226	Date of Service: 10/13/18 1128	Creation Time: 10/13/18 1128
Status: Addendum	Editor: Skaggs, Cody Sandgren, PA (Physician Assistant)	
Related Notes: Original Note by Skaggs, Cody Sandgren, PA (Physician Assistant) filed at 10/13/18 1223		
Cosigner: Medoff, Richard B, MD at 10/13/18 1836		

Dr. Medoff was the supervising physician for the Resident, Physician Assistant or Nurse Practitioner for this patient encounter.

Arrival Date/Time: 10/13/18 1022

Roomed Date/Time: 10/13/2018 1052

CPMC EMERGENCY DEPARTMENT PROVIDER NOTE Cody Sandgren Skaggs, PA

Patient: Onnyx Walker

MRN: 52114473

Date: Saturday, October 13, 2018

Printed by [S06775] at 4/24/19 9:52 AM

ED Provider Notes (continued)
ED Provider Notes by Skaggs, Cody Sandgren, PA at 10/13/18 1128 (continued)
PCP: DANIEL H HWANG

HISTORY OF PRESENT ILLNESS
Source: patient

History, Exam, and ROS limited by: none

Nursing triage note reviewed. Nurses notes read and reviewed and agree unless otherwise noted.

CHIEF COMPLAINT: Fall and Back pain

HISTORY OF PRESENT ILLNESS:

Onnyx Walker is a 59 year old male who presents with back pain and left great toe pain status post fall on 10/10/18. Patient states that he was walking on the street and tripped over a piece of wood, falling onto his left side. Patient now complaining of low back pain and left great toe pain. Denies any head injury. Denies any loss of consciousness. Denies any other injuries. Patient has no history of back pain. Denies any fever, dysuria, urinary complaints, numbness in extremities or saddle paresthesias. Denies IVDU.

PAST MEDICAL HISTORY:

Patient Active Problem List:

- Depressive disorder
- RIGHT HIP JOINT DEGEN ARTHRITIS
- Preglaucoma
- Tobacco use disorder
- Persistent disorder of initiating or maintaining sleep

Medical History

No past medical history on file.

PAST SURGICAL HISTORY:
Past Surgical History:

Procedure	Laterality	Date
• HX TOTAL HIP REPLACEMENT Right		4/2010

SOCIAL HISTORY:

Tobacco Use: Yes
 Comment: 1/2 pack per day
 Alcohol Use: Yes
 Comment: Drinks 100 to 200 oz of rum daily
 Drug Use: No

ED Provider Notes (continued)
ED Provider Notes by Skaggs, Cody Sandgren, PA at 10/13/18 1128 (continued)
FAMILY HISTORY:
Family History

Problem	Relation	Age of Onset
• Bipolar disorder	Father	
• Diabetes	Father	
• Arthritis NOS	Father	
• Hypertension	Father	
• Coronary Artery Disease CABG by early 60's	Mother	
• Diabetes	Mother	
• Hypertension	Mother	
• Gout	Mother	
• Arthritis NOS	Mother	

MEDICATIONS:

No outpatient prescriptions have been marked as taking for the 10/13/18 encounter (Hospital Encounter).

ALLERGIES:

Review of patient's allergies indicates no known allergies.

REVIEW OF SYSTEMS:
REVIEW OF SYSTEMS:

Review of Systems

Constitutional: Negative for chills and fever.

Genitourinary: Negative for dysuria, hematuria and urgency.

Musculoskeletal: Positive for back pain.

Skin: Negative for color change, pallor, rash and wound.

Neurological: Negative for weakness and numbness.

All other systems reviewed and are negative.

Review of systems is otherwise negative except as above and as described in the HPI.

PHYSICAL EXAM
PHYSICAL EXAM:

Vital signs, oxygen saturation have been reviewed and interpreted as normal

	10/13/18
	1040
BP:	124/88
Pulse:	55
Resp:	20
Temp:	36.7 °C (98 °F)



ED Provider Notes (continued)

ED Provider Notes by Skaggs, Cody Sandgren, PA at 10/13/18 1128 (continued)

TempSrc:	Oral
SpO2:	98%

Physical Exam

Nursing note and vitals reviewed.

Constitutional: He appears well-developed and well-nourished. Non-toxic appearance.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae are normal. No scleral icterus.

Neck: Normal range of motion. Neck supple.

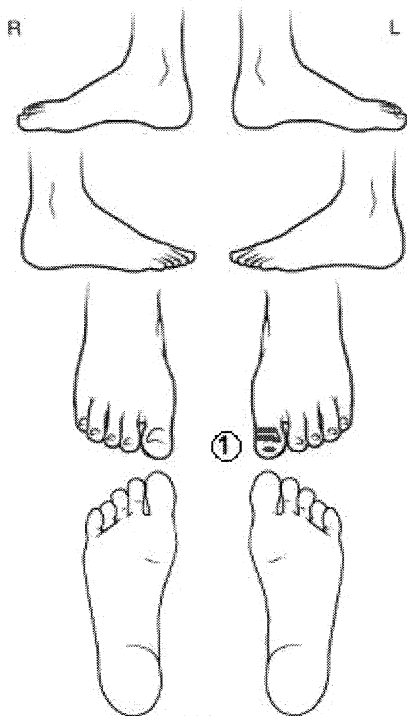
Abd/GI: There is no tenderness. There is no CVA tenderness.

Musculoskeletal: Normal range of motion.

Thoracic back: He exhibits normal range of motion, no tenderness and no bony tenderness.

Lumbar back: He exhibits tenderness. He exhibits normal range of motion, no bony tenderness and no swelling.

Feet:



1: +TTP and mild swelling

Neurological: He is alert. He has normal strength. Gait normal.

Skin: Skin is warm, dry and intact. No rash noted.

Psychiatric: He has a normal mood and affect. His speech is normal. Thought content normal.

DIAGNOSTIC STUDIES

ED Provider Notes (continued)

ED Provider Notes by Skaggs, Cody Sandgren, PA at 10/13/18 1128 (continued)

ED PROVIDER INTERPRETATION OF DATA: Laboratory and radiology tests have been ordered with results reviewed, interpreted and considered in the medical decision making process.

LABS:

Results for orders placed or performed during the hospital encounter of 10/13/18

-XR LUMBAR SPINE 2 OR 3 VIEWS

Narrative

XR LUMBAR SPINE 2 OR 3 VIEWS 10/13/2018 11:41 AM

AGE: 59 years

GENDER: Male

HISTORY: Lower back pain status post fall.

COMPARISON: 4/20/2010.

FINDINGS:

AP and lateral views were obtained of the lumbar spine.

Bony density is normal.

There are 5 lumbar type vertebral bodies.

Vertebral body heights are maintained.

Intervertebral disc spaces are maintained.

No antero- nor retrolisthesis is identified.

The pedicles are intact.

The sacroiliac joints are unremarkable.

No fracture is identified.

Smoothly margined rounded lucency with a sclerotic rim in the supra-acetabular right ilium is nonspecific, not clearly seen on the 4/20/2010 study. Differential diagnosis would include reaction to the right acetabular component.

Impression

IMPRESSION:

1. No evidence of fracture or malalignment.

ED Provider Notes (continued)**ED Provider Notes by Skaggs, Cody Sandgren, PA at 10/13/18 1128 (continued)**

2. Indeterminate lucency supra-acetabular right ilium as noted above. Consider a follow-up AP view of the pelvis.

Signed by: Maya Meux, MD 10/13/2018 12:03 PM
California Pacific Medical Center
(415) 600-3232

-XR TOE SPECIFY DIGITS 2 OR MORE VIEWS LEFT**Narrative**

XR TOE SPECIFY DIGITS 2 OR MORE VIEWS LEFT 10/13/2018 11:43 AM

AGE: 59 years
GENDER: Male
HISTORY: Status post ground-level fall with left great toe pain.

COMPARISON: None.

FINDINGS:

AP, lateral, and oblique views were obtained of the left great toe.

Bony density is normal.

Visualized joints are anatomically aligned.

There is moderate to severe narrowing of the medial aspect of the first metatarsophalangeal joint. Prominent subchondral cyst formation is present in the first metatarsal head. Mild subchondral sclerosis is present in the base of the proximal phalanx. Osteophyte formation is present along the first metatarsal head. Small osseous fragments are identified along the joint.

No fracture is identified.

There is mild soft tissue prominence along the medial first metatarsal head.

Impression**IMPRESSION:**

1. Degenerative changes involving the left first metatarsophalangeal joint. Differential diagnosis would include osteoarthritis and gouty arthritis.

ED Provider Notes (continued)
ED Provider Notes by Skaggs, Cody Sandgren, PA at 10/13/18 1128 (continued)

2. No fracture or dislocation.

 Signed by: Maya Meux, MD 10/13/2018 12:05 PM
 California Pacific Medical Center
 (415) 600-3232

PROCEDURES/INTERVENTIONS/BEDSIDE ULTRASOUND:

The following TREATMENTS were ordered:

ED Medication Administration from 10/13/2018 1022 to 10/13/2018 1224

Date/Time	Order	Dose	Route	Action	Action by
10/13/2018 1135	ketorolac (TORADOL) IM ONLY Inj 60 mg	60 mg	Intramu scular	Given	Gentilin, K

MEDICAL DECISION MAKING:
MEDICAL DECISION MAKING:

Onnyx Walker presented with Fall and Back pain
 and remained clinically stable during the ED course.
 Nursing notes read, reviewed and agree.
 Records reviewed: nursing notes
 Diagnostic studies were reviewed and interpreted as documented.

DIFFERENTIAL DIAGNOSIS:

Included but was not limited to pyelonephritis, urinary tract infection, nephrolithiasis, cauda equina syndrome, epidural abscess, lumbar radiculopathy, sciatica, trauma.

BRIEF SUMMARY: Onnyx Walker is a 59 year old male whose presentation is most consistent with back pain and left great toe contusion. No other potentially serious clinical condition indicating need for further testing in the ED or for hospitalization at this time. Outpatient management is clinically appropriate. I have discussed this with the patient who expresses understanding of this evaluation and diagnosis, and agrees with this plan.

DISPOSITION AND PLAN:

Low back pain and left great toe pain s/p fall. Negative l-spine x-ray and negative left great toe x-ray. No signs of lumbar radiculopathy. Doubt cauda equina syndrome; No saddle parasthesias or bowel/bladder incontinence. Icing instructions discussed. Instructed patient to follow up with a primary care doctor if not improving in 3-5 days or return to the ER for worsening signs or symptoms.

DISPOSITION
DISPOSITION: Discharge Home

EXHIBIT “C”

Onnyx Walker Medical Invoices

Sutter Health
CPMC Mission Regional Hospital

Patient Name: **Onnyx Walker**
Guarantor Name: Onnyx Walker
Guarantor Account #: 5464028
Hospital Account #: 404633708
Bill Date: 12/18/18

Emergency Department Visit

Emergency Department Visit	\$2,195.00	Female
Charge	0.00	
Insurance	400.00	
Net Patient Responsibility	\$2,592.00	
Payment Due	\$2,592.00	Please Pay in Full by Due Date

[Handwritten notes and signatures are visible at the bottom of the page.]

Sutter Health
CPMC Mission Bernal Hospital

HOSPITAL SERVICES BILL SUMMARY

Total Charges	3,166.00
Payments/Adjustments	- 633.20
New Balance	\$ 2,532.80

Payment Due
Your Responsibility To Pay Is
\$ 2,532.80

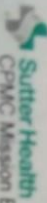
Due Now

****PAST DUE REMINDER****
Your account is now 61-90 days past due.
Please pay your balance in full today to
avoid referral of account to a collection
agency.

Insurance Information On File

Primary: No Primary Insurance
Secondary: No Secondary Insurance

Please note that it may take up to three (3) business days for your payment to post.



CPMC Mission Bernal Hospital
PO Box 740693, Los Angeles, CA 90074-0693

If your insurance or address has changed,
please update online or call 855-398-1633.

3037 1 A8 0 405

CPMC Mission Bernal Hospital
PO Box 740693
Los Angeles, CA 90074-0693

Patient Name: **Ornyx Walker**
Guarantor Name: Ornyx Walker
Guarantor Account #: 5494028
Hospital Account #: 404633708
Bill Date: 12/18/18

Page 1 of 2

For your security, credit card payments are accepted
online or by phone.

Pay Online (Recommended)
myhealthonline.sutterhealth.org

Pay By Phone (24/7)
Call 855-398-1633

Pay By Mail
Send your check using the coupon below.

Billing Help
Call 855-398-1633, 7:00am - 5:00pm, Monday
through Friday. When asked, please provide your
account number, which is **404633708**. Please note
that our call volumes are heaviest on Mondays,
which may result in longer than average wait times.
Si necesita asistencia en Español favor de llamar
al Departamento para Servicio al Cliente al
siguiente numero 1-855-398-1633

Financial Assistance
Call 855-398-1633. Please tell us if you cannot pay
your bill in full and let us help you. Monthly payment
plans and other financial assistance programs are
available for patients that meet certain financial
criteria. To learn more, visit www.sutterhealth.org
for patients' financial assistance.

Please See Reverse Side for Account Details

Account Number: 404633708
Due Date: Due Now
Payment Due: \$ 2,532.80
Amount I am paying: \$

**Pay online at myhealthonline.sutterhealth.org or
by phone at 855-398-1633. We accept Visa,
MasterCard, Discover, and American Express.**

Make Checks Payable to:

CPMC Mission Bernal Hospital
PO Box 740693
Los Angeles, CA 90074-0693

0000004046337087

CA ADVANCED IMAGING MED ASSOC
PO BOX 6102
NOVATO CA 94948-6102

000101000014152114473ZZZZZZ

RETURN SERVICE REQUESTED

IRS# 94 1700729 PHONE 415/883-1218
PATIENT: WALKER, ONNYX

STATEMENT DATE	ACCT. BALANCE	ACCT. #
10/22/2018	101.00	00141 52114473
SHOW AMOUNT PAID HERE \$		

ADDRESSEE:

MAKE CHECKS PAYABLE TO:

WALKER, ONNYX
4 DUBLIN ST
SAN FRANCISCO, CA 94112-2865

00084

CA ADVANCED IMAGING MED ASSOC
P.O. Box 80391
City of Industry, CA 91716-8391

☐ Please check box if above address is incorrect or insurance
information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	*		DESCRIPTION OF SERVICES	DIAGNOSIS	AMOUNT
10/13/18	4	72100 26	SPINE LUMBOSACRAL 2-3 VWS	M54.5	63.00
10/13/18	4	73660 26 LT	TOE	M79.675	38.00
CURRENT PATIENT RESPONSIBILITY:					101.00

"Online payments accepted @ <https://caima.healthpayment.com>."

PATIENT		ACCOUNT NUMBER		BALANCE ▶		101.00	
WALKER, ONNYX		00141-52114473					
LOCATION OF SERVICE		PHYSICIAN PERFORMED SERVICE		DATE OF STATEMENT			
ST LUKES 3555 CESAR CHAVEZ STREET		MEUX, M		10/22/2018			
INJURY DATE	ADMISSION DATE	DISCHARGE DATE	REFERRING PHYSICIAN	PLACE OF SERVICE			
			SKAGGS, C	1. INPATIENT HOSPITAL 2. OUTPATIENT HOSPITAL 3. DOCTOR'S OFFICE/SECOND LINE 4. EMERGENCY ROOM 5. OFFICE 6. NURSING HOME 7. OTHER 8. CLINIC			
MESSAGE: PLEASE REMIT BALANCE OR CONTACT OUR OFFICE WITH INSURANCE INFORMATION VISA AND MASTERCARD ACCEPTED. THANK YOU				CA ADVANCED IMAGING MED ASSOC PO BOX 6102 NOVATO CA 94948-6102 IRS# 94 1700729 PHONE 415/883-1218			

7001 OFFICE HRS M-F 8AM-3:30PM, CLOSED EVERY OTHER FRI. TOLL FREE 800-606-9729
Calif. regulations (1300.71-39) prohibit 'balance billing' of HMO members for emergency services, except for deductibles and copays.

SAN FRANCISCO EMERGENCY MEDICAL ASSOC

Page 1 of 2

Thank you for choosing SAN FRANCISCO
EMERGENCY MEDICAL ASSOC for your health
care needs.

Statement Date:
Responsible Party:
Account Number:
Due Date:

10/26/2018
ONNYX WALKER
404*0078359665
Upon Receipt

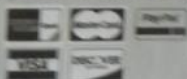
REQUEST FOR PAYMENT

Summary of Account

Total Charges	\$436.00
Insurance Payments	\$0.00
Insurance Adjustments	\$0.00
Patient Payments	\$0.00
Account Adjustments	\$0.00
AMOUNT DUE	\$436.00

Your account may include deductible amounts. Your
prompt payment is appreciated! **PLEASE SEE BACK
FOR ADDITIONAL DETAIL ON SERVICES.**

Payment, Insurance & Billing Information



Pay by credit card online
anytime, day or night!
www.peryourhealth.com

Pay by credit card via phone: 844-486-7184
Certified, safe, and secure credit card processing.

Visit us at www.peryourhealth.com to update your
insurance, address, view your account or send a
message to our billing office.
ID: 404*0078359665 Access Key: K73651

Contact the Billing Office. Please call
844-486-7184 MON-FRI 8:00 AM - 5:00 PM MST
Para asistencia en Espanol llame al numero de
arriba.

Important Messages:

Thank you for using our services. You are receiving this
statement because we do not have your insurance
information on file. If you would like us to bill your insurance
you can fill out the stub on the back of the statement or
contact our office as soon as possible. If you do not have
insurance or do not provide us with insurance information
the balance due is your responsibility.

Gracias por usar nuestros servicios. Usted esta recibiendo
este estado de cuenta porque nosotros no tenemos su
informacion de seguro medico en nuestro sistema. Si usted
tiene seguro medico por favor llene la parte de atras de
esta forma o comuniquese con nuestra oficina. Si usted no
tiene seguro medico o no desea proveer su informacion de
seguro medico el balance de esta cuenta sera su
responsabilidad.

10318-MCKSTM1-50320-60570481-P; 314482-2-2395; 30049469-1; 1

658610 (PG2)

SAN FRANCISCO EMERGENCY MEDICAL ASSOC
P.O. BOX 48305
ACKSONVILLE, FL 32247-8305
emp - Return Service Requested



Pay By Mail

-- Please detach and return bottom stub with your check
-- Include account number on check and correspondence

Account		Patient	
404*0078359665		ONNYX WALKER	
Statement Date	Amount Due	Due Date	Amount Paid
10/26/2018	\$436.00	Upon Receipt	

For your protection: NEVER include credit card information in the mail

Make CHECK payable and remit to:

IAJ*1055*0078359665*C404
ONNYX WALKER

SAN FRANCISCO EMERGENCY MEDICAL ASSOC

